

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36275

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1003  
(c) City. St. Louis (d) Street No. Bethesda Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Paul Robert Pfatt  
(a) Residence, No. 900 Hickory St. St. 22 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30th. 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 1 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME William Pfatt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Virginia Clark  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs. Virginia Pfatt (ADDRESS) 900 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL PLACES S. S. Peter-Paul DATE Oct. 25th. 1937

19. FUNERAL DIRECTOR Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. F. OCT 24 1937 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23rd. 19 37

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1937, to Oct 23, 1937  
I last saw him alive on Oct 22, 1937. Death is said to have occurred on the date stated above, at 6.12 a.M.  
The principal cause of death and related causes of importance were as follows:

Acute gastro-enteritis  
cause unknown Date of case 10/18/37

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) T. S. Zahorsky, M. D.  
(Address) 536 N. 1st St.

STATEMENT BY LICENSED EMBALMER

I, Robert C. Wheeler, Licensed Embalmer No. 2128

hereby certify that the body recorded on the reverse side of this certificate was embalmed by m

L. E.

No. 2128 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Robert C. Wheeler

Licensed Embalmer No.

2128

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)